

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150056		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/27/2011	
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN46206			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00093535 Substantiated, deficiency cited related to allegations</p> <p>Survey Date: 7-27-11</p> <p>Facility Number: 005051</p> <p>Surveyor: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 08/16/11</p>			S0000			
S0322	<p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following:</p> <p>(6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on observation and interview, the facility failed to have a policy and procedure that addressed the process of generating, collecting, transporting and preparing for bailing the surgical blue wraps.</p> <p>Findings:</p> <p>1. On 7-27-11 at 12:10 pm, it was observed in the presence of employees #A2, #A3, #A4, #A5 and #A6, in Dock #5, there was a bailing machine with a large number of blue surgical wraps in the machine waiting to be bailed. Three different wraps, randomly chosen, and upon close examination, were clean, free of any dirt, soiling or any other substance, wet or dry.</p> <p>2. In interview on 7-27-11 at 12:10 pm, employee #A3 indicated these wraps came from surgery but should not contain any biohazardous material. The employee indicated the wraps were used to wrap instrument pads and not used on patients prior to, during or after surgery.</p> <p>3. On 7-27-11 at 12:40 pm, employee #A7 was requested to provide a policy and procedure used for the process of generating, collecting, transporting to Dock #5 and preparing for bailing the</p>			S0322	<p>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the IU Health Methodist Operating Room Department of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law.</p> <p>Credible Allegation of Compliance and Correction: For the purpose of any allegation that IU Health Methodist Operating Room Department is not in substantial compliance with the regulations set forth, this plan of correction constitutes IU Health Methodist Hospital Operating Room Department's credible allegation of correction and compliance.</p> <p>410 IAC 15-1.4-1 Governing Board 410 IAC 15-1.4-1 (c) (6) (H)</p> <p>Corrective Action(s): IU Health Methodist Operating Room Department developed a departmental guideline that delineated the process of generating, collecting, transporting, and preparing for bailing the surgical blue wraps. On or before September 1, 2011, the departmental guideline was</p>		09/01/2011

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	surgical blue wraps. The employee indicated there was none and none was provided prior to exit.				approved by the Methodist Perioperative Leadership team. Procedure for Implementation: Education: IU Health Methodist Hospital Operating Room Department staff will be educated regarding the above referenced departmental guideline. Education will be completed on or before September 8, 2011. Beginning, September 8, 2011, education regarding the departmental guideline expectations will be added to the curriculum for orientation for relevant staff within the IU Health Methodist Hospital Operating Room Department area. Responsible Person(s): The MH Interim Perioperative Director or designee will be responsible for ensuring that staff has a clear understanding of what and how to participate in the Blue Wrap Recycling initiative in an appropriate manner.		